


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000010773
 1. Entity Name
D R PALM BEACH, INC.



Principal Place of Business Mailing Address
1800 PALM BEACH LAKES BLVD. **1800 PALM BEACH LAKES BLVD.**
WEST PALM BEACH, FL 33401 **WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE



03292008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0467441 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
WOOD, MICHAEL
1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when retreating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

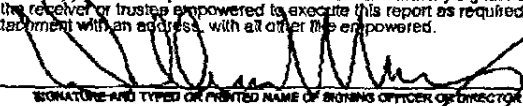
10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	DELLA RATTA, JOSEPH M
STREET ADDRESS	18385 S.E. VILLAGE CIRCLE
CITY-ST-ZIP	TEQUESTA, FL 33489
TITLE	S
NAME	DELLA RATTA, J. RAPHAEL
STREET ADDRESS	3690 RT 97
CITY-ST-ZIP	GLENWOOD, MD 21738
TITLE	T
NAME	REDMOND, JENNIFER
STREET ADDRESS	4271 N 38TH STREET
CITY-ST-ZIP	ARLINGTON, VA 22207
TITLE	VS
NAME	WOOD, MICHAEL
STREET ADDRESS	1800 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	S
NAME	GRIMM, ELIZABETH
STREET ADDRESS	3690 RT 97
CITY-ST-ZIP	GLENWOOD, MD 21738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1100000488357
 04/17/06-80003-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:  3/29/06 561.683-8810
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #